Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enetit Guaranty Corporation	 Complete all entries in accorda 	ance with the instruc	ctions to the Form 5500	0-SF.		
Part I		dentification Information					
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	013	
A This ret	turn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	pant plan
B This ret	turn/report is:						
an amended return/report a short plan year return/report (less than 12 months)							
C Check	box if filing under:			DFVC progra	am		
		special extension (enter description)				
Part II	Basic Plan Infor	mation—enter all requested informat	ion				
1a Name	of plan				1b	Three-digit	
AEROSPAC	E DISTRIBUTORS, INC	C. 401(K) PROFIT SHARING PLAN				plan number	
						(PN) ▶	001
					1c	Effective date of	f plan
						01/01	/1995
	ponsor's name and add CE DISTRIBUTORS, INC	lress; include room or suite number (em C.	ployer, if for a single-	employer plan)			fication Number 32399
24440 OTU	AVE S				2c	Sponsor's telep	
34110 9TH / FEDERAL V	VAY, WA 98003-6710				2d	Business code ((see instructions)
3a Plan a	dministrator's name and	d address Same as Plan Sponsor Na	me Same as Plar	Sponsor Address	3b	42499 Administrator's I	EIN
EROSPACE	DISTRIBUTORS, INC.				0 -		32399
		FEDERAL WAY	, WA 98003-6710		3C	Administrator's t 253-661	telephone number
						233 00	1-3000
1 l£ tha :		when an area when also are a discount of the land	- t		41-		
		plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN	
name	, EIN, and the plan num	plan sponsor has changed since the laber from the last return/report.	st return/report filed fo	or this plan, enter the	4b 4c		
name a Spons	, EIN, and the plan num or's name		· 	·	4c		34
name a Spons 5a Total	, EIN, and the plan num or's name number of participants a	ber from the last return/report.			4c 5a		34
name a Spons 5a Total i b Total i c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan year	an year (defined bene	fit plans do not	4c 5a 5b		30
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Day	t III Financial Information						
							# N = 1 4 N
	Plan Assets and Liabilities	_	(a) Beginning of Yea		+		(b) End of Year
	-	Pierr decede			+		2335061
	Total plan liabilities	. 7b _	177 199523		+		2334642
	Net plan assets (subtract line 7b from line 7a)	- 7c		00	+		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		0			
	(2) Participants	8a(2)	9371	2			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	27921	5			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					372927
	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	. 8d	1692	5			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e		0			
f	Administrative service providers (salaries, fees, commissions)	. 8f	1659	6			
g	Other expenses	. 8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					33521
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					339406
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2H 2J 2K 2T						
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Coc	ies in t	ne instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cor	rection Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		•	10b		X	
С					X		450000
				10c			150000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all						
	instructions.)			10e	X		327
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	X		657
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•					·
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	dule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th Day	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (Fo	rm 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year					12b	

Page	3 -		1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A			
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.))					
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the Instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information								
For calenda	ar plan year 2013 or	fiscal plan year beginning	01/01/2013	and ending	12/31/20	13				
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer	olan (not multiemployer)	er) a one-participant plan					
B This ret	urn/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	nonths)					
C Check t	box if filing under:	Form 5558	automatic extension		DFVC program					
		special extension (enter desc	ription)							
Part II	Basic Plan Inf	ormation—enter all requested in	formation							
1a Name					1b Three-digit plan number					
AEROSPACE DISTRIBUTORS, INC. 401(K) PROFIT SHARING PLAN						001				
					(PN) 1c Effective date	of plan				
					01/01/199					
	ponsor's name and a ace Distribut	ddress; include room or suite numb	er (employer, if for a single	-employer plan)	2b Employer Idea (EIN) 91-16					
					2c Sponsor's tel					
34110	9th Ave. S.				253-661-	9600				
Federa:	l Way	WA 98003-671	.0		2d Business code 424990	e (see instructions)				
3a Plan a	dministrator's name	and address Same as Plan Spons	sor Name Same as Pla	n Sponsor Address	3b Administrator					
AEROSPA	ACE DISTRIBUT	FORS, INC.	(1993)		91-16323	s telephone number				
34110	9TH AVE. S.				253-661-	·				
FEDERA		WA 98003-6710								
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.					4b EIN					
	or's name	amber nem the fact retarm eport.			4c PN					
5a Total	number of participant	s at the beginning of the plan year.			5a	34				
b Total i	number of participant	ts at the end of the plan year			5b	30				
		n account balances as of the end of			5c	25				
		ets during the plan year invested in				X Yes No				
		of the annual examination and repo	•	·						
		6? (See instructions on waiver eligit				X Yes No				
		either line 6a or line 6b, the plan								
C If the	plan is a defined ben	efit plan, is it covered under the PB0	GC insurance program (se	e ERISA section 4021)? .	Yes No	☐ Not determined				
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	l unless reasonable cau	use is established.					
		other penalties set forth in the instru								
	true, correct, and cor	and signed by an enrolled actuary, amplete.	as well as the electronic ve	ersion of this return/report	t, and to the best of f	ny knowledge and				
SIGN	(lobert)	3. bottet	2-24.14	ROBERT LITTLE	TON					
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan a	dministrator				
SIGN										
HERE		loyer/plan sponsor	Date	Enter name of individ	ual signing as emplo	yer or plan sponsor				
Preparer's	name (including firm	name, if applicable) and address; in	nclude room or suite numb	er (optional)	Preparer's telepho	ne number (optional)				
						DE LA CONTRACTOR				
					40.7 7.1385					

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			2	_	(b) End	OT YE		350	161
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	100		_				22		
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8a(1)			-				15	ď	
. 8a(2)	9	9371.	2			H-U	150		111
. 8a(3)			0		Way I			dig.	10
. 8b	2	7921	5	1.5			No.	(23)	
. 8c		196					3	729	327
8d	=	1692	5						
. 8e			0	= '-		611	λi.		55
8f		1659	6						
. 8g			0	(T)(F))		847	12 ju	III.	
. 8h	-14, -4 100 11, -18							335	521
. 8i		m,					3	394	106
. 8i			85	250 1		33	Stan.	JIS.	
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					,				
			Yes	No		Amo	unt		
		10a		Х					
		10b		Х					
		10c	Χ				1	500	000
		10d		Х					
ll of the benef	its under the plan? (See	10e	Х					3	327
		10f		Х					
as of year en	d.)	10g	Х					6	657
•				Х	MI.S				
the required r	notice or one of the					W/A			
01-0		101							
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		or se	ction	302 of	ERISA?		Yes	Х	No
	V2 7 222								
w, as applicat									
eing amortized	ole.) I in this plan year, see instruMon 1 5500), and skip to line 13.		and e	enter th Day		the le Yea		ing	
	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i 8j n feature codes	7a 199 7b 7c 199 (a) Amount 8a(1) 8a(2) 8a(3) 8b 2° 8c 8d 8g 8h 8j 8j 8j 8j 8i 8j 8j 8i 8j 8j 8j 8t	7b 177 7c 199523 (a) Amount 8a(1) 9371 8a(2) 9371 8a(3) 27921 8c 8c 86 1659 8g 8h 1659 8g 8h 1659 8g 1659 8h 100 Normal String (Do not include transactions reported 10b 10c	7a	7a	7a	7a	7a	7a

c	Enter the amount contributed by the employer to the plan for this plan year	Q.	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).		12d				
Will the minimum funding amount reported on line 12d be met by the funding deadline?					No	N/A	
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes X	No		
,	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under to of the PBGC?				Yes X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	(s) to)				
	13c(1) Name of plan(s):	13	c(2) E	IN(s)	13c	(3) PN(s)	
-							
Part	VIII Trust Information (optional)						
14a Name of trust			14b Trust's EIN				

Form 5500-SF 2013

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